



## STORAGE TANK LIABILITY APPLICATION

### INSTRUCTIONS:

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.
- If additional space is needed to answer the question, please attach details on a separate sheet using the Insured's letterhead.
- For underground storage tanks, a copy of your State tank permit and most recent State inspection is required.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details on a separate sheet of paper.

### APPLICANT INFORMATION

**Applicant Name:**

**Insured Name (If different than above):**

**Street Address (Please do not provide only a P.O. Box):**

**City:**

**State:**

**Zip Code:**

**Name of Contact:**

**Title:**

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**EPA Identification Number/Facility Registration Number (if applicable):** \_\_\_\_\_

**Insured's Principal Business Operations:**

\_\_\_\_\_  
\_\_\_\_\_

**Entity Type:** ☐ Partnership ☐ Trust ☐ Individual ☐ Joint Venture ☐ LLC/LLP ☐ Other: \_\_\_\_\_

### COVERAGE SPECIFICATIONS

**Proposed Effective Date:** \_\_\_\_\_ **Retroactive Date (If prior environmental coverage exists):** \_\_\_\_\_

**Desired Deductible:** ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: \_\_\_\_\_

**Desired Limits of Liability:** ☐ \$1 mil/\$1 mil ☐ \$1 mil/\$2 mil ☐ \$2 mil/\$2 mil ☐ Other: \_\_\_\_\_

### PRIOR STORAGE TANK INSURANCE INFORMATION

**Please check here if this section does not apply.** ☐

Insurance Carrier	Term	Retroactive Date	Limits Of Liability	Deductible/ SIR	Premium
				\$	\$
				\$	\$
				\$	\$

**All questions must be answered. Please contact your agent if assistance is required.**

**CLAIMS/COMPLIANCE HISTORY** If additional space is needed to answer a question on the page below, please attach additional sheets and reference the question number.

<b>1.</b> Have any claims been made previously against the Applicant or reported under any Storage Tank Policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.</b> Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If “Yes,” please provide full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3.</b> Has the Applicant had any release, spills or leaks of regulated substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4.</b> Are there any groundwater monitoring wells at any of the locations for which coverage is desired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5.</b> Is the Applicant’s facility in compliance with all Federal, State and Local Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6.</b> Have any repairs or upgrades (including relining) been performed within the past twenty (20) years for any tank at this location? If “Yes,” why were the repairs or updates performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7.</b> Have there been tank tightness tests performed on the tanks at this facility in the past twelve (12) months? If “Yes,” please supply results.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8.</b> Do any plans exist to remove or replace any tanks within the next year? If “Yes,” list when the removal or replacement is to occur and why such actions are being performed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9.</b> Were any tanks ever removed or closed at this location? If “Yes,” provide details as to why this occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10.</b> Are there any additional tanks at this location that are not described in the following tank schedules? If “Yes,” please list below or attach tank schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11.</b> Is there any remediation, monitoring or cleanup associated with any past or present leak, spill or release at any of the locations for which coverage is desired? If “Yes,” please provide full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**All questions must be answered. Please contact your agent if assistance is required.**

**ABOVE GROUND TANK SCHEDULE****Please check here if this section does not apply.** ☐

(Please copy this section if necessary to include all tanks)

Location Address Of Tank	Tank I.D. #	Age	Tank Capacity (Gallons)	Tank Constr. Materials *1	Tank Contents *2	Testing Method *3	Secondary Containment *4	If transfer piping is attached to the tank, please provide length of piping, age, & construction material

**\*1 TANK & PIPING CONSTRUCTION MATERIALS**

ST = Steel/metal  
HPD = High Density Plastic  
FG = Fiberglass  
O = Other, please specify

**\*2 CONTENTS**

G = Gasoline  
A = Aviation Fuel  
WO = Waste Oil  
D = Diesel  
O = Oil  
K = Kerosene  
OT = Other, please specify

**\*3 LEAK/INTEGRITY DETECTION**

VIS = Visual  
RT = Radiographic Testing  
UT = Ultrasound Testing  
AET = Acoustic Emission Testing  
MPT = Magnetic Particle Testing  
PPT = Pneumatic Pressure Testing  
LPT = Liquid Penetrant Testing  
MTG = Manual Tank Gauging  
HT = Hydrostatic Testing

**\*4 SECONDARY CONTAINMENT**

EB = Earthen Berm  
CB = Concrete Berm  
DW = Double Wall Tank  
O = Other, please specify

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**UNDERGROUND STORAGE TANK SCHEDULE****Please check here if this section does not apply.**☐

(Please copy this section if necessary to include all tanks)

Location Address Of Tank	Tank I.D. #	Tank Installation Date	Tank Capacity (Gallons)	Tank Constr. Materials *1	Piping Constr. Materials *1	Tank Contents *2	Monthly Leak Detection Method *3	Estimated length of piping between tank and dispenser pump

**\*1 TANK & PIPING CONSTRUCTION MATERIALS**

D/W S = Double Walled Steel  
FG S = Fiberglass single wall  
FG DW = Fiberglass double wall  
STI S = STI-P3 single wall  
STI DW = STI-P3 double wall  
F/S = Fiberglass/plastic coated steel  
CP/S = Cathodically Protected Steel  
S = Bare Steel  
TFP = Thermoplastic Flexible Piping  
OT = Other, please specify

**\*2 CONTENTS**

G = Regular Gasoline  
U = Unleaded  
WO = Waste Oil  
D = Diesel  
O = Oil  
OT = Other, please specify

**\*3 LEAK DETECTION**

ATM = Auto Tank Monitor  
SV = Soil Vapor Well  
IM = Interstitial Monitoring  
GW = Groundwater Monitoring  
OT = Other, please specify

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## FRAUD WARNING

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Producer's Signature	Producer's Name (Please Print)
Applicant's Signature	Applicant's Name (Please Print)
Date Signed By Applicant	